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Sketch of Proposed System Similar Share State S	Permit No. Date of Application To Whom Issued Address Location Type of Tank Minimum Size Minimum Feet of 4" Farm Tile in Distribution Field Depth in Inches of Cinders or Stone Owner's Name Address Final Approval. Date 44-3-447
Sketch of Proposed System Company of the Company o	Permit No. Date of Application To Whom Issued Address Location Type of Tank Minimum Size Minimum Feet of 4" Farm Tile in Distribution Field Depth in Inches of Cinders or Stone Owner's Name Address Final Approval. Signed

PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 3-10-59 Case No. 408 Address Phone Occupant. Address Mailing Address) Exact Location of Premises ____O (Street, Road, Name or Number) OWNER DESIRES TO: WINSTALL REPAIR FOR. ☐ Wester Supply System ☐ Water Supply System Dwelling | Other.__ Actual or Potential Bedrooms Actual or Estimated Water Septic Tank ☐ Septic Tank Consumption ____ Gal, Per Day Automatic Washing Machine Health Department Recommends: Tes 🗌 No Garbage Disposal Unit 🗌 Yes No. 🗖 Additional Wastes: DETAILS OF RECOMMENDED SYSTEMS WATER SUPPLY: Location to be approved by Sanitarian. Type: DETAILS OF CONSTRUCTION: Watertight Septic Tank of □ Drilled Well □ Driven Well □ Bored Well □ Dug Well Conevete rublic Cased feet Casing to be properly realed and vented if necessary. Casing to extend at least Inside dimensions: Length feet. Width leet. Liquid capacity Gallons. HOUSE SEWER LINE: Size Inches. Type of material required to Distance from Water Supply feet. 6 inches above pump room floor. Grouted ... feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 mones in all directions from casing, sently sloped for drainage SUB-SURFACE ABSORPTION FIELD: Distribution Box required. Ditches of equal length required. SOIL STUDY: Naturally drained, suitable by sight Tes | No Technical Classification: Number of square feet required 100 Type aggregate Rough Classification : Sandy Medium Clay Pipe Clay required:
Broken Stone Gravel Slag. Size range from Percolation Test Required: Yes No Rate 12 inch to 212 inches. Depth of aggregate from base of tile to Minutes Per Inch Depth of Water Table . __ hottom of ditches inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed inches. Distance from Estimated Surface Drainage Required: Tyest No Area Drainage by Sewage Disposal System to the nearest point of a Water Supply Lowering Ground Water Table Required: Yes System will be ____ feet. Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another. 4 lines 50 long Washer System: 2 500 gal tank Owner or his agent must notify Is ready for inspection. If any Sewage Disposar system, or part thereof, direction of the Health Director or his agent. CONDITIONS DISCOVERED Changes from above specifications require Health Department approval. Health Department, Phone part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the BDISCOVERED DURING INSTALLATION MAY REDUIRE ADJUSTMENTS OF SYSTEM DESIGN. Based on the above information, the undersigned recommends that this permit be issued. anitarish or Health Directo Signed LNS - 121 Rev. 11-57 Priginia State Department of Health (Reviewing Authority)

PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 8-27-58 Case No. 1/6 Phone Malling Address) Occupant _Address_ Phone Malling Address) Exact Location 4 apertmen Subdivision - Bection Street, Road, Name or Numbers OWNER DESIRES TO: PINSTALL I REPAIR FOR Dwelling Other How ment Unit - toots.

Actual or Patential Redrooms Actual or Estimated Water Water Supply System ☐ Water Supply System Sowage Disposal System Sawage Disposal System ☐ Septic Tank Consumption Gal. Per Day Automatic Washing Machine Health Department Recommends: Ti Yes No Garbage Disposal Unit Ti Yes No. P Additional Wastes: DETAILS OF RECOMMENDED SYSTEMS WATER SUPPLY: Location to be approved by Sanitarian. Type: DETAILS OF CONSTRUCTION: Waterlight Service Tank of Deillad Wall | Driver Well - [] Bayed Well | Dug Well | Other | Cased Other Cased 300 Casimate he arguests socied and cented if necessary. Casing to extend at least Length 1 Teet. Width 1 feet Liquid capacit 50 Gallen HOUSE AEWISH LINE: Size Faches Type of material required 50 Distance from Water Supply feet 5 inches above pure room floor. Grouted feet, All surface drainage to now Cara from a contract well in one a Datform of concrete or other Inches Type of material imperious material at east tomens thick at caring extending as least 24 nones in all directions from casing sentire sloped for drainage SUB-SURFACE ABSORPTION FIFLD. Distribution 7777 Company of retaining feet required. Type aggregate SOIL SLUDY: Naturally drained, suitable by sight Fres [] No Number of square feet required Tochment Classification: Rough Clareffeation Ti Sandy & Medium & Clay J Pipe Clay required: Throken Stone Gravel Slag. Size range from Description Test Promposts Ves la inch to Ita inches. Depth of aggregate from wase of tile to bottom of ditches — inches, Total aggregate must equal minimum depth depth makes in more.

Soil Cover over tile not to exceed inches. Distance from Minutes For inch Bouth of Water Table Estimatedi Surface Drainage Required: 5 Yes 1146 Area Drainage by Leavening General Water Table Required: 7 Yes No. Sewage Disposal System to the nearest point of a Water Supply System will be 💳 APT. Peugh Shalch of Premises duclosing adjacent properties if pertinent, Showing Location of Lot Line Buildings Water Supplies Sewage Disposal Section, Trees, and Other Possible Sources of Configuration of Water Supplies, by Indicating Distances and Slope with regard to one another. already ioo galta - 1500 galtank Note: Owner or his agent must notify
is ready for inspection. If any Sewage Disposar system, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the Changes from above specifications require Health Department approval before being made

Health Department. Phone The When Installation when installation of the Health Department, it shall be uncovered at the Changes from above specifications require Health Department approval before being made when installation Based on the above information, the understand recommends that this permit be issued. Signed_ LNS - 121 Rev. 11-57 Virginia State Department of Health (Reviewing Authority)

PERMIT TO INSTALL OR REPAIR ATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS (VOID AFTER TWELVE (12) MONTHS) Date Lase No (Mailing Address) Address Phone (Mailing Address) **Exact Location** of Premises. tame, Section or for No. OWNER DESIRES TO FOR Dwelling INSTALL ☐ REPAIR ☐ Other Water Supply System **Water Supply System** Actual or estimated Water Sewage Disposal System Sewage Disposal System Consumption 40 2 gal. per day Automatic Washing Machine Septic Tank Septic Tank Yes D No Garbage Disposal unit 🗌 Yes 🔑 No Health Department recommends Additional wastes_ NONE **DETAILS OF RECOMMENDED SYSTEMS** (1) WATER SUPPLY Location to be approved by Sanitarian. Type Drilled Well Driven Well D Bored Well Dug Well (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of (Kind of Material) Other. Inside Dimensions Length 7 feet. _ Cased___ Cosing to be properly sealed and vented if nicessary. Cosing to extend at least 6 inches above pump room floor. Ground feet. All sur-Liquid Depth 4 feet Depth of feet. Liquid Capacity 757 gallons. Width # face drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped _ feet. Air Space_ (4) HOUSE SEWER LINE Size _____ inches. Type of material required. _____. Distance from Water Supply _____ feet. for drainage. (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. (2) SOIL STUDY Naturally drained, suitable by sight letes \(\subseteq \text{No} \) Ditches of equal length required. **350** Type aggregate Technical Classification Sandy Classification Sandy Medium Number of square feet required. required Broken Stone Gravel Slag. Size range from Clay. Percolation Test required Yes P No. Rate 1 inches to 21 inches. Depth of aggregate from base of tile Minutes per inch, Depth of Water Table to bottom of ditches ____inches. Total aggregate must equal minimum depth of 13 inches or more. Surface drainage required Yes ANO. Sail Cover over tile not to exceed A.Z. inches. Distance from by Lowering Ground Water Table required Yes Pho well to septic tank_ ALA _feet; distance from well to draintile field. Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another. Note: Owner or his agent must notify Health Department, Phone The State of the Installation when Installation be uncovered at State of the Installation MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. is ready for inspection. If any Sewage of the direction of the Health Director or Changes from above specifications require Based on the above information, the undersigned reco Date____Approved____ LHS - 121 Rev. 1-65 Virginia State Department of Health el de la la

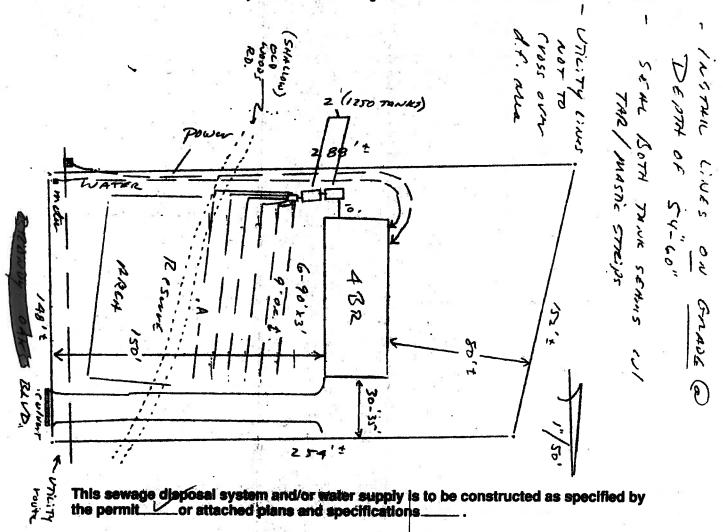
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(Outside of December 19 House, Section or Lot No.)	1 117
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Water Supply System Actual or potential Bedrooms	Actual or estimated Wat
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lealth Department recommends Septic Tank Tes No Garbage Disposal tional wastes	nit Yes No Ad
DETAILS OF RECOMMENDED SYSTEMS	(40)
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reconstant Classification/\lambda f \ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Type aggregat
Rough Classification	Li Siag. Size range from
minutes per inch. Depth of Water Table feet to bottom of ditches 6 inches.	
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Surface drainage required Yes No Area Drainage Soil Cover over tile not to exceed by Lowering Ground Water Table required Yes No Sowage Disposal System to the n	inches. Distance from
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Owney or his agent must notify. Or for impaction. If any Seware Disposed System, my noist therein, it covered before being inspected by the Health Department, Phone 73 and firection of the Health Divertor or his agent. Confinitional Disposed Before being inspected by the Health Department approval before being made: on the above information, the undersigned recommends that this parmit be instead. Approved. 181 Res. 11-57	701. TANK
Owner or his agent must notify. Owner or his agent must notify. Health Department, Phone 1/3 and for imposing the second secon	22/when installation nemt is shall be uncovered NUSTMENTS OF SYSTEM



Seliematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the unit or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 2-14-02 Iss Date: p 2/14/02 Re	viewed by:	Sanitarian Sanitarian	This Construction Permit Valid until
If FHA or VA financing			***************************************
Reviewed by Date	Supervisory Sanitarian	Date	Regional Sanitarian

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thematic-drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, prefreatment unit, pump station, conveyance system, and subsurface soll absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

. The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to Illustrate the design. 3ファ 'さ ω DIZIVEWAY 44511 This sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications. This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit. No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department. This Construction Sanitarian Permit Valid until Sugarvisory Sanitarian

Date

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If FHA or VA financing

Reviewed by Date

C.H.S. 2029